in progressive muscular atrophy and the lesions of the muscles in lead paralysis. We cannot here enter into the history of this question. We propose to do this completely in a future work. But if we compare the primitive bundles of voluntary muscles affected with progressive atrophy, and by the atrophic paralysis due to the slow action of lead on the organism, it is easy to recognize that in this last the lesions are altogether different from those that characterize progressive muscular atrophy. The extensor muscles under the influence of lead, offer all the characters of a sub-acute myositis, such as is produced by introducing and leaving a seton in the flesh. The primitive bundles are no longer cylindrical but moniliform. Here and there the nuclei are proliferated and accumulate under the sarcolemma, swelling it out in a lump. At this point the muscular substance is strangulated or completely cut off in such a way that the nuclei distend the tube of sarcolemma, and above and below them there is seen a fragment of contractile substance. This vegetation of the muscular nuclei occurs here and there, in such a way that the muscular substance is divided into segments and the continuity of the bundles is interrupted.

Hence we can understand how a muscle so injured is incapable of contraction, either under the influence of the will, or from the application of different physiological excitants, since it is made up of disconnected fragments having no action on the tendinous extremities.

We will not here review the different methods in which this fragmentation is effected, this disassociation and resorption of the muscular substance in primitive bundles in lead paralysis. These details formed the subject, in fact, of a memoir presented to the Soc. de Biologie the past year by one of us. We have intended only to show in this communication that the physiological differences observed in the living person, in the muscles affected with progressive atrophy or lead paralysis, have their *raison d'être* in relatively considerable anatomical lesions, and result from two different modes of degeneration.

The Symptomatic Importance of Deviation of the Head. At the meeting of the Soc. de Biologie, Feb. 8, (rep. in *Gaz. de Hopitaux,*) M. Lepine related the case of a woman, suffering from Bright's disease, brought to the hospital in a state of coma, hemiplegic with contracture of the left side and with the face also turned to that side. Usually in hemiplegias the face is turned toward the side of the cerebral lesion, the unparalyzed side of the body. In this case the reverse was the case, which led M. Lepine to think that the lesion would be found in the protuberance or pons.

The autopsy confirmed this supposition; there was found a very small hemorrhagic clot of the size of a bean, a little to the right of the middle line of the pons. Beside this was found a minute point, appearing at first sight like a miliary aneurism, but which turned out, on microscopic examination, to be an old sanguine extravasation. In spite of the most minute examination M. Lepine could discover no trace of miliary aneurisms. The capillaries were atheromatous.

This case shows that in lesions of the pons the face may be turned toward the side opposite that of the cerebral lesion. Only three or four cases of the kind have been reported.

Ophthalmoscopic Appearances in Traumatic Injuries of the Head. We copy from *L'Union Médicale* the following conclusions of a memoir by M. Panas, read before the Paris Academie de Médicine, Feb. 22, 1876.

1. The stasis papilla is often met with following various traumatic lesions of the encephalon, (commotions, contusions, wounds, fractures of the cranium, etc.)

2. The stasis in question is not always accompanied with visual disorders. We should therefore examine the fundus of the eye in all cases of wound of the head, whether the patient complains of a defect of vision or not.

3. According to our own autopsies this stasis seems to depend, as Schwalbe held, on an infiltration of blood or serum in the optic envelope and not on the cerebral lesion itself.

4. The stasis papilla cannot be considered as connected with any one variety of traumatism of the head rather than with another, nor can we form an opinion, any more from it than other symptoms, of the seriousness of the injury.

5. All that we can affirm, in the present state of our knowledge, is that stasis papilla indicates the presence of a liquid diffused in the meninges.

The Prevalence of Nervous Diseases.—The following is taken from the report of a paper read by Dr. Althaus before the Royal Medical and Chirurgical Society of London, January 25, as given in the *Medical Times and Gazette*, February 12. The paper was based on an analysis of the vital statistics contained in the British Registrar General's reports, from 1838 to 1871. The points studied by the author were the frequency of nervous diseases, whether or not they are on the increase, their relations as to race, sex, age, and locality. As to the first of these, he found that for six successive periods of five years each, the death rate from all forms of nervous diseases had varied only between 26 and 28 to each 10,000 of the population. Taking, however, the number of deaths from nervous diseases as compared with those from all other causes, we find a still more constant ratio, the average for thirty years being 12.26 of the whole.

As compared with the relative mortality from other disorders, he found that nervous diseases occupied a fourth place among the maladies destructive to human life; zymotic affections heading the list with 22.90 per cent.; next, tubercular disorders, with 15.94 per cent., followed closely by respiratory troubles with 14.16.

As regards the constancy of the ratio of nervous diseases to other affections, and their relative ratio one to another, it was found that there